



**PALM BEACH COUNTY BUILDING DIVISION**

**DECAL ONLINE PERMIT REGISTRATION APPLICATION  
FOR REPLACEMENT OF  
MECHANICAL UNITS AND WATER HEATERS**

**Building Division Use Only**

D.R # \_\_\_\_\_

Submittal Date \_\_\_\_\_

**CONTRACTOR INFORMATION**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Apt/Bay/Suite # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Contractor License No. \_\_\_\_\_

Qualifier: \_\_\_\_\_

Qualifier Signature: \_\_\_\_\_

**TYPE OF WORK ALLOWED**

(Please Check Work for Which Application is Being Made)

**MECHANICAL**

1 & 2 Family Dwelling Air Conditioning Change Outs

**PLUMBING**

1 & 2 Family Dwelling water heater (WH) replacement within or serving individual dwelling unit.

**ELECTRIC**

Minor electric disconnect for water heater and mechanical systems authorized under a decal

**NOTES:**

Equipment must be installed at or above the finish floor elevation of the habitable area of the dwelling unit.

For those installations chosen for random inspections, the contractor is responsible for moving appliance or other obstacles and providing necessary access to allow thorough inspection.

**STATE OF FLORIDA  
COUNTY OF PALM BEACH**

Sworn to or affirmed before me by means of  physical presence or  online notarization

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(month) (year)

by \_\_\_\_\_, who is  
(Name of Person Acknowledging)

personally known to me or  has produced \_\_\_\_\_ as

Identification.

\_\_\_\_\_  
(Signature of Notary Public) Notary State of Florida

\_\_\_\_\_  
Name of Notary (typed, printed or stamped)